U.S. Patent and Trad no persons are required to respond to a collection of inform

PTO/SB/05 (03-01) for use through 10/31/2002. OMB 0651-0032 Office, U.S. DEPARTMENT OF COMMERCE

unless it displays a valid OMB control number. PYX3019C1

UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No. First Inventor | Dioadileid, Laird | System and Apparatus for the Storag

Broadfield, Laird

AND....

Dnly for new nonprovision	nal applications under 37 CFR 1.53(b)) <u>E</u>	xpress	Maii Labei No.			
APPLICATION ELEMENTS			ADD	DECC TO.	ssistant Co		oner for Patents ion
See MPEP chapter 600 cond	ceming utility patent application conte	nts.			Vashington,		
Fee Transmittal F (Submit an original and a Applicant claims s See 37 CFR 1.27 3. Specification (preferred arrangemen - Descriptive title - Cross Reference - Statement Reg - Reference to se or a computer p - Background of - Brief Summary - Brief Descriptio - Detailed Descri - Claim(s) - Abstract of the New. Drawing(s) (35 U 5. Oath or Declaration a. Newly exect Copy from a (for continual i. DELET Signed stanamed in t 1.63(d)(2)	orm (e.g., PTO/SB/17) duplicate for fee processing) mall entity status. [Total Pages 35] It set forth below) of the invention From pare set to Related Applications application group arding Fed sponsored R & D equence listing, a table, program listing appendix the Invention of the Invention of the Drawings (if filed) ption Disclosure I.S.C. 113) [Total Sheets [Total Pages] Luted (original or copy) prior application (37 CFR 1.63 (d)) tion/divisional with Box 18 completed ION OF INVENTOR(S) the prior application, see 37 CFR and 1.33(b).	mt (gr)	(if a a. [b. s	CD-ROM or CD-F Computer Progra Electide and/or Amino Electification Sequen i. CD-ROM ii. paper Statements veri ACCOMPANYING Assignment Pap 37 CFR 3.73(b) (when there is a English Translat Information Disc Statement (IDS) Preliminary Amino Return Receipt (Should be specification) Certified Copy of (if foreign prioriti Nonpublication)	R in duplicate m (Appendicate m (Appendicate m) Acid Sequency) able Form (Communication of Application Document Postcard (Notifically items of Priority Degree ment must	e, large (x) ence S (CRF) n: 2 copie y of ab CATIC heet & ent (if a	e table or submission s); or eve copies ON PARTS document(s)) Power of Attorney applicable) Copies of IDS Citations 603) ant(s)
6. Application Data Sheet. See 37 CFR 1.76 17. Other:							
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: ORTI, 388 and							
The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS							
Customer Number or Bar Co				or 🔽	Соптеврог	idence ad	ddress below
Name	Michael D. Steffensmeie	er					
	Cardinal Health, Inc.						-
Address	7000 Cardinal Place						
City	Dublin	St	ate	Ohio	Zip (Codé	43017
Country	United States	Teleph	one	(614) 757-786	§1 _F	ЭX	(614) 757-2243
Name (Print/Type)	Michael D. Steffensmeier		Reai	stration No. (Attorr	ney/Agent)		37,735
Signature	Mighed Holling				Date	01/0	7/2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.





000 00000 010-010

FEE TRANSMITTAL for FY 2002

TOTAL	AMOUNT	OF	PAY	MENT
-------	--------	----	-----	------

0.000000000000000000000000000000000000			C CAMODOMOCANOMOCADADADA O O 000CANADO O	وَق	
			omplete if Known	_	
FEE TRANS	IVIIIIAL	01/07/			
for FY 2002		camoao cao	01/07/2002		
TOFFT	2002	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Laird Broadfield		
Patent fees are subject to annual revision.		0 000 000000 000 0			
	T	0 0000000000000			
TOTAL AMOUNT OF PAYMENT	_{CDD} 1394.00		PYX3019C1	_	

METHOD OF PAYMENT FEE CALCULATION 0000 0000 0000 0000 0000 00000 0000			
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	3. ADDITIONAL FEES Large Small		
0 000 000 0 000 000 0 000 000	Entity Entity Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)		
0000000 Cardinal Health, Inc.			
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17			
	GCOMBCOCIICOCIDADCO COCIIIIDOCOCIOCOCIDADE A parteCIDOCIO (1900)		
2. Payment Enclosed:			
FEE CALCULATION	000000000000000000000000000000000000000		
1. BASIC FILING FEE Large Entity Small Entity			
Fee Fee Fee Fee Description	000 920 0000 460 0.000.00000000000000000000000		
Code (4) Code (4)	000 1,440 0000 720 0 0000000000000000000000000		
	000 1,960 0000 980		
	000 320 0000 160 0 000000000000		
000 740 0000 370 0 00000000000000000	000 280 0000 140 0 000003300000000000000000000		
000 160 0000 80 000000000000000000000000			
SUBTOTAL (1) [IIII 740.00]			
2. EXTRA CLAIM FEES	000 1,280 0000 640 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
Fee from Extra Claims below Fee Paid	000 1,280 0000 640 0 00000000000000000000000000		
Total Claims $\begin{bmatrix} 47 \\ -20^{-4} \end{bmatrix} = \begin{bmatrix} 27 \\ x \end{bmatrix} \times \begin{bmatrix} 18.00 \\ -486.00 \end{bmatrix}$			
Independent 5 - 3** = 2 x 84.00 = 168.00	000 620 0000 310 0000000000000000000000000000		
Multiple Dependent			
Large Entity Small Entity Fee Fee Fee Fee Fee Description	200am00am000am00 0000 momonam 000 oan00 momocaao a 0		
Code (\$) Code (\$) 103 18 203 9 00 000 00000000000000000000000000	000000000000000000000000000000000000000		
102 84 0000 42 00000000000000000000000000			
COO 280 COO 140 CC CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	0000 00 CX000000000 000 740 0000 370 00000000000000000000000		
000 84 0000 42 0000 0000000000000000000000000000000	0000 @0000000000		
SUBTOTAL (2) (\$) 654.00	c compromonaccompaccoccaccaccaccaccaccaccaccaccaccaccacca		
**or number previously paid, if greater, For Reissues, see above	0 000000000000000000000000000000000000		

SUBMITTED BY			— 000 0000 <i>(ii</i>	
Name (Print/Type)	Michael D. Steffensmeier	Registration No. 37,735	Telephone	(614) 757-2243
Signature	Michael D. Sellensmeie		Date	01/07/2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.